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to a collection of information unless it displays a valid OMB control number.

		ENT APPLIC	ATION		N RECORD		Application or Docket Number			
CLAIMS AS FILED — PART I (Column 1) (Col					kumn 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBI	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	IC FEE OFR 1.16(a))						\$	OR		s
YOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		•			OR	x s=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		ıs	minus 3 =		•			OR	X \$ =	
·		NT CLAIM PRESEM		7 CFR 1.16(d))		+5 =		OR	+5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
1										
CAIMS AS AMENDED - PART II									THAN	
•	161	Column 1)		(Column 2)	(Column 3)	SMALL	NTITY	OR I	SMALL	
AMENDMENT A		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT EXTRA	RATE	ADDI- TIONA		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVIOUSLY PAID FOR			FEE			FEE
	Total (37 CFR 1.16(c))		Minus	<u>"'34</u>	•	x s=		OR	x s=	
	Independent (37 CFR 1.18(b))		Minus.	3	•	x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+ s=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)										
AMENDMENT B		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL FEE
	Total (37 CFR 1,10(c))	.18	Minus	- 34	· O	x \$=		OR	×3a	
	Independent (37 CFR 1.18(b))	• /	Minus		- 0	x \$=		OR	XV	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+ \$=	
				•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)			,	'				
AMENDMENT C		CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 3) PRESENT	RATE	ADDI-		RATE	ADDI-
		AFTER		PREVIOUSLY PAID FOR	EXTRA	KAIE	TIONAL FEE		,	TIONAL
	Total (37 CFR 1.16(e))	AMENDMENT	Minus	**		X \$=		OR	x s =	
	Independent (37 CFR 1.16(b))	•	Minus	***	-	x s=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+ 5 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1 and 10". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 3 CFR 1.16. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the U TTO time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.